



**Responding to Communities in Crisis:  
The Red Lake Experience  
January 31, 2006**

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**The Incident:  
Monday – March 21, 2005  
Red Lake Reservation, Northern MN**

Shooting/Suicide at Red Lake High School

- Perpetrator: 16 yr old Male Student
- Total shot: 17 individuals
- 10 Deceased of which 8 were at the HS (5 females, 5 males, including perpetrator suicide):
  - 4 Adults (relative, family friend, teacher, security guard)
  - 6 Youth
- 7 wounded/survived (1 female, 6 males)
- All youth age 14 -16

**Acute Incident – First Responder:**

- High School - Unarmed Security Guard & Teachers
- Tribal Law Enforcement Immediately on-site
- Red Lake Comprehensive Health Service EMS  
6/7 injured transported to Red Lake Hospital w/15 min.
- FBI Assisted

**Acute Incident:**

- Federal and Tribal employees
- All but one brought to RL ER Hospital
- Local Red Lake Clergy, RLCHS Social Services and Red Cross on-site almost immediately
- EMS/Funeral Home – transported deceased.

**Emergency Preparedness**

- Red Lake Hospital conducts periodic disaster drills
- Coordination with regional EMS
- Equipment available & accessible
- The Red Lake Hospital Disaster Plan was effectively implemented in response to the high school shooting
  - ✓ Disaster Response Evaluation completed

### Acute Incident - Challenges

- **Communication**
  - Emergency sources
    - Hospital Security & Maintenance radios: different frequencies
    - HAM Radio Operator not available (no-one cross-trained)
  - Phone lines busy (land & cellular)
    - Media significantly contributed to congestion
  - Scanners and cell phones monitored
- Depleted medical supplies/equipment
- Vehicle traffic flow @ scene & outside hospital
- Arrival of victims family members

### Initial/Immediate Phase - 1<sup>ST</sup> Week "Incident Command Center"

- Simultaneous activities, at a rapid pace, changing daily
- Established center in hospital library/conference room
- Dr. Kathleen Annette, Bemidji Area Director/ Executive Leadership meetings with Tribal Leadership
- Tribal Leadership providing guidance/direction on response activities (Floyd Jourdain, Tribal Chair; Council members; & Oran Beaulieu, Health Director)
- Shock/disbelief – recognition that families /community needed privacy & time to hold wakes/funerals, healing ceremonies before recovery could begin

### Incident Command Center

- **Incident Command System model used**
  - Hospital Emergency Incident Command System
  - Red Lake Mental Health Crisis Coordinating Response Team
  - Red Lake Care Team
- **Organization Chart reflected dynamics of the situation – updated frequently; primary leadership positions:**
  - Incident Commander
  - Public Information Officer
  - Safety & Security Officer
  - Liaison Officer
  - Logistic Chief
  - Planning Chief
  - Deputy Health System Administrator
  - Operations Chief

### Initial/Immediate Phase – 1<sup>ST</sup> Week

#### 1<sup>st</sup> day (Tues 3/22/05)

- National Media descended on Red Lake Community, & Bemidji (~35 Miles)
- Meetings with Tribal & Health Care Leadership
- Red Lake Mental Health Crisis Response Coordinating Team formed:
  - IHS, RLCHS, Tribal, BIA, American Red Cross, FBI Victims Assistance, UND, College/Church Youth Leaders, Schools, Law Enforcement, & EMS representatives
  - Established daily morning & afternoon debriefings, including weekends

### Initial/Immediate Phase – 1<sup>ST</sup> Week

- **Red Lake Mental Health Program staffing @ time of incident = 4** (2000 master plan estimated 17 required to meet pre-incident existing need)
- **Assessment of current & projected needs started**
  - Hospital security → BIA assisted Tribal Police to facilitate increased after-hours/weekends coverage
  - MH Services under-utilized until wakes/funerals held
  - Team realized MH needs would overwhelm capacity of existing counseling staff (MH, Schools, Chem Hlth), and Tribal Family & Children Services to respond

### Initial/Immediate Phase - 1<sup>ST</sup> Week

- Tremendous influx of support, condolences, prayers, and offers to assist from around the country
- 3<sup>rd</sup> day (Thurs 3/24): Tribal Council issued "Press Guidance" on General Media Access to reservation; School access per FBI restrictions (crime scene)
- 4<sup>th</sup> day (Fri 3/25): Request to OFRD - PHS Deployment of Mental Health Teams
  - Priority: AI & IHS Health Professionals, cultural sensitivity
- 7<sup>th</sup> day (Mon 3/28): 1<sup>st</sup> PHS Deployed MH Officers started arriving

### **Initial/Immediate Phase – 1<sup>st</sup> Week**

- Identified “Circles of Care”
  - Survivors (students, teachers, staff), Victims, 1<sup>st</sup> Responders
  - Extended families, Co-victims, Parents, Friends, Elders
  - Health Care Providers/Staff, Community
    - IHS, RLCHS, MH, Chemical Health, Social Services
- Initiate training to recognize & assist with traumatic stress sign/ symptoms (PTSD)
- Youth Activities (all schools closed)
  - Columbine Team visited & talked w/50 youth, lend peer support
  - College/Church Youth Leaders met with HS students
- Spiritual leaders conducted community healing ceremony



### **Immediate Phases 3 – 8 Week**

- Red Lake Hospital Security
- Screening process:
  - Identification/evaluation of providers
- Request to OFDR:
  - IHS/PHS deployments
  - Total Officially deployed - 90

### **Services Provided**

- Direct Clinical Care: Mental Health, Medical, Chemical Health
- Outreach & Home Visits
- De-briefing sessions
  - Hospital Staff, MH staff, School Counselors/Staff, Deployed Personnel (both clinical &MH)
  - EMS, Police, Firefighters, Bus Drivers
- Employee Assistance Program
- Contract Health Services
- Medical Transportation & Ambulance Services

### **Long Term Phase Months – Years?**

- Collaborative determination with Red Lake Tribe
- Strategic Planning & Re-Prioritizing
  - Integration of Behavioral Health Program Services
  - Develop focused suicide prevention initiative @ Red Lake – interventional design
- Permanent Mental Health Coverage (24/7)
  - Seeking HR assistance in expediting processing of staff positions
  - Increase case mgmt & access to psychiatric/psychologist – considering telemedicine; partnership with VA for PTSD clinical services development
- JCAHO Survey postponed July '05 -> Nov '05
- Interdisciplinary coalition formed to address community readiness for mobilization and change
- On-going patient care & health care staff support
  - Concern for expansion of suicide cluster/“copy cat” suicides

### **Red Lake Effects of Trauma**

- 158 Children located in classrooms
  - (classrooms directly adjacent to room where shooting occurred).
- 20 Red Lake High School Staff
- Identified these children, staff and immediate family members have been at very high risk for injury and trauma related to depression.

### Effects of Trauma

- There are 158 children who were located in classrooms directly adjacent to the classroom where the majority of the shootings occurred. There was approximately 20 Red Lake High School staff that were in classrooms directly adjacent to the classroom where the shooting occurred.
- These children and staff and their immediate family members (768 individual family members) have been at very high risk for injury and trauma related depression and its' effects.

### Response

- Red Lake T.C./Red Lake Health Care
  - (1) Delivery system priorities
    - A. Victims/families/school employees
      - Immediate care
    - B. Counseling /Support to first responders & health staff
    - C. Coordinated Community Response Care Team
    - D. Coordinate external response
    - E. Immediate & Long Term needs assessment
    - F. Youth

### Healthcare Delivery System Enhancement Planning

- Immediate – PH Community Assessment and development of hospital, community and behavioral health plan
- Tele-psychiatric Training
- Redesigning behavioral health staffing patterns to create "open access".
- Engaged/engaging many partners healing Gathering of Native Americans (GONA)
- GLITC – Epi Center epidemiology/etiology for suicide data and information
- Primary Care – Provider Substance Abuse Conference and Training

### "Crisis Communication – CDC" "STARCC Principles"

- IHS requested "Crisis Communication" technical assistance from the CDC in November 2005.
- Employ the "STARCC" Principles when addressing hospital (community) staff
  - Simple-Frightened people don't want to hear big words
  - Timely-People want information now
  - Accurate-People don't want nuance-give it to them Straight
  - Relevant-Answer questions & give action steps
  - Credible-Be empathetic & open (keys to credibility)
  - Consistent-Changes in message can be upsetting

### YOUTH

- **Priorities:**
  - Summer-
    - A. Develop programs for summer activities
    - B. School preparation
    - C. On-going health care prevention and mental health services.



### Summer On-going Activities

- Boys/Girls Club
- Comp. Health
- Chemical Dependency Program
- GONA – October 3<sup>rd</sup>- 7<sup>th</sup>
- PROM
- Graduation – Highest number of Red Lake Graduates in the history of Red Lake High School

### APRIL:

- 1200 Teddy Bears distributed “Hugs Across America”
- Basketball Camp
- SAMSHA Grant - \$78,000 (hired six counselors)
- Blandin Foundation - \$250,000 Summer Youth Project
- ANA Grant
  - Funded 10 additional youth counselors
  - 40 hours 1<sup>st</sup> Corp Responders Community Course.

### MAY:

- Million Miles Against Diabetes Walk (700 participants)

### JUNE:

- Canoeing/Camping Trip
- Girl Scout Camp

### JULY:

- Softball Tournament

### AUGUST:

- Red Lake Youth Leadership Activity Week
- Many camps – Youth Wellness, Sports, etc.



### Comments/Lessons Learned

- Traumatic event unlike anything else we've experienced before – no community is ever fully prepared
- Extensive impact on individuals, families, community
- Cycle of grief & healing has it's own pace
  - Time is needed for continued processing of incident, aftermath events as recovery proceeds
- We've been learning along the way in our response
- Communications & team work are paramount - avoid making assumptions, rather ask
  - Establish secure emergency phone lines & radio frequencies
- News Media control is critical

### Comments/Lessons Learned

- Pre-incident positive relationships with Tribal leadership is invaluable
  - Respect that Tribe determines response priorities
- Team approach is necessary to deal with such devastating events
  - Actively involve Service Unit staff up front
- IHS does not have the funding to meet all needs
  - Mental Health data is critical to apply for funding
- Engage partners as early as feasible

### Comments/Lessons Learned

- Immediate PHS Deployments were effective & invaluable to effort
  - Provided excellent care and some relief/time-off for hospital staff, helped prevent professional burnout/resignations
  - However, also added increased logistical workload and took up already limited work space at the service unit
  - Need to identify key positions and activities early (Incident Commander & Logistician - ideally should be local employees throughout response for continuity)
- Important to document activities along the way; diligent attention to details & follow-through

### Comments/Lessons Learned

- Listen - every person's story needs to be heard
- Provide individual debriefing opportunities for all involved, including leadership, deployment teams, spiritual healers
- Professional Well-being: Caring for the Care-givers/ Healing the Healers
  - As health care providers, we naturally focus on care taking of our patients
  - Daily business and care continues throughout the response; other life events occur for patients & staff
  - Important to pay attention to your own emotional investment & needs; natural to compartmentalize to survive; healing is a process that occurs over time

### Comments/Lessons Learned

- Prepare to the extent possible – learn skills
  - Develop and implement local disaster plan
  - Regular emergency training and drills
  - Regional, coordinated EMS planning
  - Training on behavioral health, suicide, grief cycle, brief intervention, stress management
- Plan for on-going Mental Health: short term, transition, long-term influences logistic staffing & pragmatic details of getting health professional on-site
  - Get logistically organized quickly (at the beginning); color-code documents and files for visual cues

### We Have Also Learned:

- A) Many came forward for care:
  1. MUPS – Multiple Unexplained Physical Symptoms
  2. Creates overburdened medical providers and nursing staff
- B) Caretakers/Providers must keep themselves healthy
  1. Committed Staff – pushed to limit (must sometimes direct them to take time off)
  2. Stress related with mass death or destruction takes a toll
  3. When services are provided in a convenient and timely manner, victims can improve quickly
  4. The trauma of the Red Lake School shooting has ignited and made worse, in many individuals previous trauma and mental health issues

5. Events at the Red Lake High School and middle school campus during the current school year (anonymous bomb threats, threats of more shootings, school fights, and fire drills) have served as aftershocks which continue to retraumatize many individuals.

6. Bridge medical and behavioral health

### Lessons Learned from the Red Lake High School Shooting

- Red Lake Tribal Council partnered well and gave direction to process
- Red Lake Hospital and First Responder staff responded with extraordinary professionalism, skill, and compassion
- Everyone went well above & beyond to perform whatever needed to be done even if not their regular duty
- Truly a team effort that resulted in immediate preparations, rapid triage, stabilization, & transfer to appropriate levels of care
- Out of 17 shot, 7 lives saved due to actions of 1st Responders & Hospital Staff
- Indian Health Service was first on-site and are still there...

### Closing Comments

- Youth activities are underway
- Traditional activities - spiritual leaders & elders involved, conducting healing & cleansing ceremonies, talking circles
- 5/19-20: ~ 50 mile "Healing Walk" - support
- 5/28: ~ 90 Red Lake High School Seniors graduated – a record high!
- 8/05: "Honor the Spirit Run" planned
- Although struggles continue, hope exists
  - Incredible support, dedication, courage, resiliency
  - Red Lake people and staff have great heart & spirit
  - Positive change occurs slowly; "life moves on"
  - It's been an honor to work with these amazing individuals



### RED LAKE TRIBAL COUNCIL

- Emergency Funds – IHS
- NO recurring funding
- SAMSHA – 1 year funds  
(9/30/06 1 month into school year)

### Resources

- Health & Human Services Agencies: [www.hhs.gov](http://www.hhs.gov)
- Indian Health Service: [www.ihs.gov](http://www.ihs.gov)
- Centers for Disease Control & Prevention: [www.cdc.gov](http://www.cdc.gov)
- Federal Occupation Health Service: [www.foh.dhhs.gov](http://www.foh.dhhs.gov)
- Veteran's Administration: [www.va.gov](http://www.va.gov)
- National Childhood Trauma Services Network (SAMHSA): [www.nctsn.org](http://www.nctsn.org)
- US Department of Education: [www.ed.gov](http://www.ed.gov)
- National Association of School Psychologists: <http://www.nasponline.org>
- Society of Indian Psychology: [www.geocities.com/indianpsych](http://www.geocities.com/indianpsych)
- One Sky Center, Portland, OR: [www.oneskycenter.org](http://www.oneskycenter.org)
- University of North Dakota, Center for Rural Health, School of Medicine & Health Sciences: <http://medicine.nodak.edu>

### **Resources**

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- Centers for Disease Control & Prevention: [www.cdc.gov](http://www.cdc.gov)
- Federal Occupation Health Service: [www.foh.dhhs.gov](http://www.foh.dhhs.gov)
- Veteran's Administration: [www.va.gov](http://www.va.gov)
- National Childhood Trauma Services Network (SAMHSA): [www.nctsn.org](http://www.nctsn.org)
- US Department of Education: [www.ed.gov](http://www.ed.gov)
- National Association of School Psychologists  
<http://www.nasponline.org>
- Society of Indian Psychology:  
[www.geocities.com/indianpsych](http://www.geocities.com/indianpsych)
- One Sky Center, Portland, OR: [www.oneskycenter.org](http://www.oneskycenter.org)
- University of North Dakota, Center for Rural Health,  
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